

## **CONFIDENTIAL - FOR INTERNAL DISCUSSIONS ONLY**

December 14, 2006

Ms. Jeanne LaBrecque  
Director of Medicaid and Health Policy  
State of Indiana  
Office of Medicaid Policy and Planning  
402 W. Washington Street  
Indianapolis, IN 46204

### **RE: HISTORICAL EXPERIENCE OF CARE MANAGEMENT POPULATION**

Dear Jeanne:

Milliman, Inc. (Milliman) has been retained by the State of Indiana, Office of Medicaid Policy and Planning (OMPP) to summarize historical program costs associated with the non-Medicare eligible (non-dual) Aged, Blind, and Disabled Medicaid populations that will be enrolled in the Care Management program. This letter presents the results of the analysis.

### **LIMITATIONS**

The information contained in this letter, including the enclosures, has been prepared for the State of Indiana, Office of Medicaid Policy and Planning and their consultants and advisors. It is our understanding that the information contained in this letter may be utilized in a public document. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for OMPP by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this letter must rely upon their own experts in drawing conclusions about historical claims experience within the Aged, Blind, and Disabled populations.

The values presented in this report were prepared based on historical Medicaid experience for a population that is similar to the proposed enrolled population. To the extent data utilized to create this report was incorrect, values presented in this report will change.



## **EXECUTIVE SUMMARY**

OMPP will be enrolling in the care management program the non-dual Aged, Blind, and Disabled members that are currently identified as either MedSelect, Developmentally Disabled, members with Serious Mental Illness, or members on a waiver program other than Developmentally Disabled. The following portions of this letter describe the methodology used to develop actuarial cost models for each population.

### **Historical Data**

The historical claims experience summarized in this report was based on claims experience from the EDS database incurred from July 1, 2004 through June 30, 2006, paid through October 31, 2006. Only claims experience for individuals in the non-dual eligible Aged, Blind, and Disabled Medicaid populations was retained.

Enrollment for the claims experience period was captured using the October 31, 2006 eligibility file from the EDS database. Periods of retro-active eligibility, and the respective retro-active claims, were removed from the historical experience. The historical experience also excludes all months of dual-eligibility, and any medical expenses incurred while a recipient was dual-eligible. Individuals eligible for Medicaid through the Spend-down program were removed from the experience data.

### **Populations**

OMPP proposes to contract with a Care Management Organization (CMO) to manage the health care of its recipients in the Aged, Blind, and Disabled populations who are not dually eligible for Medicare. OMPP and its supporting clinical consultants developed a methodology to stratify the population served by the CMO into five distinct groups: Developmentally Disabled, Serious Mental Illness (SMI), Other Waiver, Serious Mental Illness MedSelect (SMI MedSelect), and MedSelect without Serious Mental Illness (Non-SMI Medselect). The member months and claims experience were assigned to the five groups separately for fiscal year 2005 and fiscal year 2006 in the following hierarchal manner:

#### **i. Developmentally Disabled**

A recipient incurred at least one diagnosis code or a particular procedure code identifying the individual as Developmentally Disabled, or had a Level of Care code indicating the individual was on the Developmentally Disabled waiver program for at least one month during the fiscal year. All months of eligibility during the fiscal year, excluding periods of MedSelect eligibility, are automatically classified as Developmentally Disabled.



**ii. Serious Mental Illness**

A recipient incurred at least one diagnosis code indicating the recipient has a Serious Mental Illness (SMI) during the fiscal year. A recipient cannot be previously classified as Developmentally Disabled. All months of eligibility during the fiscal year, excluding periods of MedSelect eligibility, are automatically classified as SMI.

**iii. Other Waiver**

A recipient enrolled on a Home and Community Based waiver other than the Developmentally Disabled waiver for at least one month is placed in the Other Waiver population. The recipient cannot be previously classified as Developmentally Disabled or SMI at any point during the fiscal year. All months of eligibility during the fiscal year, excluding periods of MedSelect eligibility, are automatically classified as Other Waiver.

**iv. Serious Mental Illness MedSelect**

A recipient with MedSelect enrollment who was identified as having an SMI diagnosis during the fiscal year is classified as SMI MedSelect. The identification of the SMI diagnosis does not have to occur while the person was enrolled in MedSelect. The recipient's eligibility months other than MedSelect are placed in the SMI population.

**v. Non-SMI MedSelect**

A recipient with MedSelect enrollment who did not have an SMI diagnosis during the fiscal year is classified as Non-SMI MedSelect. This group includes periods of MedSelect eligibility for individuals placed in the Developmentally Disabled and Other Waiver populations.

The MedSelect population was split between SMI and Non-SMI due to significant cost differences between the two populations. The SMI MedSelect population exhibits significantly higher costs for mental health professional services and mental health prescription drugs. By stratifying the MedSelect population, the CMO will be able to develop appropriate care management strategies for the unique characteristics of each population.

The diagnosis codes used to identify the Developmentally Disabled and SMI populations are provided in Enclosure 1. Enclosure 1 also provides the Level of Care codes used to determine waiver enrollment for the Developmentally Disabled and Other Waiver populations. The information shown in Enclosure 1 was provided by OMPP and its clinical consultants.



Ms. Jeanne LaBrecque  
December 14, 2006  
Page 4

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Enclosure 2 provides a distribution of the member months by geographic region and population type for fiscal years 2005 and 2006.

Milliman has identified approximately 12,000 recipients that were not placed in any of the five above categories and are non-dual eligible in the Aged, Blind, or Disabled populations.

**Claims Completion**

Historical incurred claims were completed to reflect the claims completion lag inherent in the fee-for-service claims experience within the Aged, Blind, and Disabled non-dual populations. Completion factors were determined separately by service category.

**Cost Model Development**

The five populations were segmented separately for state fiscal years 2005 and 2006 based on the logic described previously in this letter. Incurred claims were summarized by the line items contained in the actuarial models. Completion factors were applied to the experience data. No trend adjustments or managed care adjustments were applied to the historical experience in fiscal year 2005 and fiscal year 2006.

Enclosure 3 contains the actuarial models for each of the five populations for fiscal years 2005 and 2006.



If you have any questions regarding the enclosed information, please do not hesitate to contact me at (317) 524-3512.

Sincerely,

Robert M. Damler, FSA, MAAA  
Principal and Consulting Actuary

RMD/mle  
Enclosures



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**ENCLOSURE 1**



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**DEVELOPMENTALLY DISABLED**

### Developmentally Disabled Diagnosis Codes

<u>Diagnosis Code</u>	<u>Description</u>
299	Pervasive developmental disorders
299.0	Austistic disorder
299.00	Austistic disorder, current or active state
299.01	Austic disorder, residual state
299.8	Other specified pervasive developmental disorders
299.80	Other specified pervasive developmental disorders, current state
317.**	Mild mental retardation
318.**	Other specified mental retardation
319.**	Unspecified mental retardation
330.0	Leukodystrophy
758.0*	Down's syndrome
758.1*	Patau's syndrome
758.2*	Edward's syndrome
758.3*	Autosomal deletion syndromes
759.81	Prader-Willi syndrome

<u>Procedure Code</u>	<u>Description</u>
T4534	Youth sized disposable incontinence product, protective underwear/pull-on

### Developmentally Disabled Waiver Level of Care Codes

<u>Level of Care</u>	<u>Description</u>
T	DD HCBS Waiver: Diverted; Effective 5/1/1992
T01	DD HCBS Waiver: Diverted-317 Funding Priority Waiver slot; Effective 7/1/1999
T02	DD HCBS Waiver: Diverted-317 General Funding (Non-priority slot); Effective 7/1/1999
T03	DD HCBS Waiver: ICLB Transition (effective 2/1/2006)
T05	DD HCBS Waiver: Diverted-SLI Eff 10/1/2001
T06	DD HCBS Waiver: Department of Education 7/1/2002
U00	DD HCBS Waiver: Deinst from Non-state facility; Effective 5/1/1992
U01	DD HCBS Waiver: Deinst from Non-state facility; 317 Funding Priority Waiver slot
U02	DD HCBS Waiver: Deinst from Non-state facility; General Funding (Non-priority slot)
U10	DD HCBS Waiver: Conversion group home (small private)
U20	DD HCBS Waiver: Conversion Res-Care (large private)
U23	DD HCBS Waiver: Conversion Holy Cross Living Center (large private)
U25	DD HCBS Waiver: Conversion Millers Merry Manor (large private)
U26	DD HCBS Waiver: Conversion New Horizon Developmental Center (large private)
U27	DD HCBS Waiver: Conversion Normal Life of Indiana (large private)
U29	DD HCBS Waiver: Cascade due to Non-State facility conversion
U30	DD HCBS Waiver: Conversion Oak Meadows Learning Center (large private)
U32	DD HCBS Waiver: Conversion Riverbend Learning Center (large private)
U90	DD HCBS Waiver: ISDH W197/W198 non-payment
V00	DD HCBS Waiver: Deinst from state facility; effective 5/1/1992
V01	DD HCBS Waiver: Deinst from state facility-317 Funding Priority Waiver slot
V21	DD HCBS Waiver: Conversion NCSDC; Effective 7/1/1996
V22	DD HCBS Waiver: Conversion NISDC; Effective 7/1/1996
V23	DD HCBS Waiver: Conversion FWSDC; Effective 7/1/1996
V24	DD HCBS Waiver: Conversion MSDC; Effective 7/1/1996
V26	DD HCBS Waiver: Conversion Madison/Gold; Effective 7/1/1996
V27	DD HCBS Waiver: Conversion Logansport JEU; Effective 7/1/1996
V29	DD HCBS Waiver: Cascade due to State facility conversion
W	DD HCBS Waiver: Deinst from nursing facility; Effective 5/1/1992
W01	DD HCBS Waiver: Deinst from nursing facility-317 Funding Priority Waiver slot; E



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## **SERIOUS MENTAL ILLNESS**



State of Indiana  
Office of Medicaid Policy & Planning  
Care Management RFS  
Identification of Serious Mental Illness Population

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**Serious Mental Illness Diagnosis Codes**

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<b><u>Diagnosis Code</u></b>	<b><u>Description</u></b>
295.*	Schizophrenic disorders
296.*	Episodic mood disorders
297.*	Delusional disorders
298.*	Other nonorganic psychoses
300.01	Panic disorder without agoraphobia
301.83	Borderline personality disorder
309.81	Posttraumatic stress disorder
311.*	Depressive disorder, not elsewhere classified
312.34	Intermittent explosive disorder



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## **OTHER WAIVER**

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Care Management RFS**  
**Identification of Other Waiver Population**

**Other Waiver Level of Care Codes**

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<b><u>Level of Care</u></b>	<b><u>Description</u></b>
A00	Schizophrenic disorders
A01	Episodic mood disorders
A10	Delusional disorders
A11	Other nonorganic psychoses
A50	Panic disorder without agoraphobia
A60	Borderline personality disorder
B00	Posttraumatic stress disorder
B50	Depressive disorder, not elsewhere classified
D00	Intermittent explosive disorder
D03	Support Services Waiver, ICLB transition (effective 2/1/2006)
D10	Support Services Waiver; Diverted-priority Title XX cases, effective 4/1/2002
E**	SED Waiver
J	Medically Fragile Children, Hospital LOC; diverted; waiver effective 7/1/1992
K10	TBI Waiver: diverted nursing facility LOC (from in-state placement); effective 1/1/2000
K11	TBI Waiver: diverted ICF/MR LOC (from in-state placement); Effective 1/1/2000
K12	Hospital LOC; diverted; in-state
L10	TBI Waiver: deinstitutionalized; in-state, effective 1/1/2000
L11	ICF/MR LOC; deinstitutionalized; in-state
L12	Hospital LOC; deinstitutionalized; out of state; effective 1/1/2000
L20	Nursing facility LOC; deinstitutionalized; out of state; effective 1/1/2000
L21	ICF/MR LOC; deinstitutionalized; out of state
L22	Hospital LOC; deinstitutionalized; out of state
X	Medically Fragile Children, Hospital LOC; deinstitutionalized; waiver effective 7/1/1992
Y	Medically Fragile Children, Skilled Nursing Facility LOC; waiver effective 7/1/1992
Z	Medically Fragile Children, Skilled Nursing Facility LOC, deinstitutionalized; waiver effective 7/1/1992



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**ENCLOSURE 2**

State of Indiana  
Office of Medicaid Policy & Planning  
Care Management RFS  
Fiscal Year Member Months

SFY2005 Member Months					
<u>Region</u>	<u>Developmentally Disabled</u>	<u>SMI</u>	<u>Other Waiver</u>	<u>SMI MedSelect</u>	<u>Non-SMI MedSelect</u>
Central	18,947	6,466	4,757	33,761	48,857
East Central	8,218	3,056	1,382	20,945	27,206
North Central	6,116	3,420	1,224	11,037	15,542
West Central	4,462	5,396	975	10,931	16,659
North East	9,061	2,876	3,119	15,588	22,215
North West	7,832	3,867	1,432	22,012	35,801
South East	7,535	3,844	2,187	16,884	24,045
South West	9,093	3,004	1,768	21,644	32,119
Statewide	71,264	31,929	16,844	152,802	222,444

SFY2006 Member Months					
<u>Region</u>	<u>Developmentally Disabled</u>	<u>SMI</u>	<u>Other Waiver</u>	<u>SMI MedSelect</u>	<u>Non-SMI MedSelect</u>
Central	19,069	6,414	5,066	32,451	49,928
East Central	8,214	2,971	1,319	19,281	28,308
North Central	6,203	3,603	1,265	10,598	15,565
West Central	4,552	5,629	1,025	10,243	16,246
North East	9,399	3,271	2,824	14,943	23,817
North West	8,064	3,798	1,701	21,340	36,813
South East	7,132	3,840	2,384	16,299	23,843
South West	9,020	3,201	1,820	21,115	31,157
Statewide	71,653	32,727	17,404	146,270	225,677



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**ENCLOSURE 3**



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**DEVELOPMENTALLY DISABLED**

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2005**  
**Population: Developmentally Disabled Non-Dual**  
**Region: Statewide**

**Member Months: 71,264**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>					
Medical/Surgical/Non-Delivery Maternity	163.2	1,108.4	Admits/Days	\$ 890.17	\$ 82.22
Well Newborn	-	-	Admits/Days	\$ -	\$ -
Maternity Delivery	0.8	2.0	Admits/Days	\$ 799.09	\$ 0.13
Behavioral Health	82.1	643.7	Admits/Days	\$ 441.83	\$ 23.70
Other Inpatient	-	-	Admits/Days	\$ -	\$ -
Subtotal	246.1	1,754.1		\$ 725.53	\$ 106.06
<b>Outpatient Hospital</b>					
Emergency Room		732.4	Services	\$ 71.60	\$ 4.37
Surgery		386.2	Services	\$ 293.62	\$ 9.45
Radiology		1,141.9	Services	\$ 62.95	\$ 5.99
Clinic Services - Facility		346.0	Services	\$ 37.92	\$ 1.09
Dialysis Services - Facility		149.4	Services	\$ 380.65	\$ 4.74
Therapies - Facility		3,775.1	Services	\$ 47.99	\$ 15.10
Cardiovascular - Facility		237.2	Services	\$ 88.51	\$ 1.75
Pathology		6,873.0	Services	\$ 10.69	\$ 6.12
Pharmacy		751.0	Services	\$ 74.38	\$ 4.65
Skilled Nursing Services		6,095.4	Services	\$ 194.39	\$ 98.74
Other Outpatient		538.3	Services	\$ 52.69	\$ 2.36
Subtotal		21,025.8		\$ 88.10	\$ 154.37
<b>Pharmacy</b>					
Mental Health Prescription Drugs		13,101.4	Scripts	\$ 134.20	\$ 146.51
Other Prescription Drugs/OTC Drugs		48,850.0	Scripts	\$ 52.10	\$ 212.09
Subtotal		61,951.5		\$ 69.46	\$ 358.61
<b>Ancillaries</b>					
Transportation		50,111.6	Units	\$ 3.27	\$ 13.67
NH		1,242.9	Services	\$ 2,398.75	\$ 248.45
ICF/MR		5,523.8	Services	\$ 3,673.90	\$ 1,691.17
Mental Health Rehab		46,676.6	Services	\$ 8.81	\$ 34.25
Mental Health Services		7,669.0	Services	\$ 30.73	\$ 19.64
Dental		3,968.8	Services	\$ 48.33	\$ 15.99
Waiver Services		6,231,279.4	Services	\$ 4.63	\$ 2,406.24
DME		2,350.4	Services	\$ 145.32	\$ 28.46
Prosthetics/Orthotics		697.2	Services	\$ 95.94	\$ 5.57
Home Health Care		3,335.4	Services	\$ 77.58	\$ 21.56
Medical Supplies		491,125.2	Services	\$ 1.08	\$ 44.36
Hospice		224.3	Services	\$ 134.02	\$ 2.50
Other Ancillary		3,110.3	Services	\$ 8.96	\$ 2.32
Subtotal		6,847,314.9		\$ 7.95	\$ 4,534.20
<b>Physician</b>					
Inpatient and Outpatient Surgery		1,042.9	Procedures	\$ 91.65	\$ 7.97
Inpatient and Outpatient Anesthesia		9.1	Procedures	\$ 40.21	\$ 0.03
Office Visits/Consults		4,799.8	Visits	\$ 29.44	\$ 11.78
Well Baby Exams/Physical Exams		389.0	Exams	\$ 32.10	\$ 1.04
Hospital Inpatient Visits		2,263.5	Visits	\$ 34.90	\$ 6.58
Emergency Room Visits		740.9	Visits	\$ 49.68	\$ 3.07
Radiology/Pathology		8,463.3	Procedures	\$ 11.20	\$ 7.90
Self Referral		2,511.3	Services	\$ 25.32	\$ 5.30
Therapeutic Injections		12,921.2	Services	\$ 7.10	\$ 7.64
Dialysis		15.1	Services	\$ 48.25	\$ 0.06
Cardiovascular		403.8	Services	\$ 23.79	\$ 0.80
Physical Medicine		4,985.3	Services	\$ 11.15	\$ 4.63
Diagnostic Testing		1,599.8	Services	\$ 14.84	\$ 1.98
Other Professional		5,929.0	Services	\$ 24.32	\$ 12.02
Subtotal		33,152.7		\$ 25.63	\$ 70.80
SUM OF COVERED SERVICES		-		\$ -	\$ 5,224.03



**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2006**  
**Population: Developmentally Disabled Non-Dual**  
**Region: Statewide**

**Member Months: 71,653**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit		Service Cost PMPM
<b><i>Inpatient Hospital</i></b>						
Medical/Surgical/Non-Delivery Maternity	195.2	1,210.0	Admits/Days	\$ 1,011.58	\$	102.00
Well Newborn	-	-	Admits/Days	\$ -	\$	-
Maternity Delivery	1.4	4.9	Admits/Days	\$ 617.38	\$	0.25
Behavioral Health	88.6	755.2	Admits/Days	\$ 434.96	\$	27.37
Other Inpatient	-	-	Admits/Days	\$ -	\$	-
<i>Subtotal</i>	285.1	1,970.1		\$ 789.57	\$	129.63
<b><i>Outpatient Hospital</i></b>						
Emergency Room		845.4	Services	\$ 69.11	\$	4.87
Surgery		425.0	Services	\$ 270.94	\$	9.60
Radiology		1,331.2	Services	\$ 67.75	\$	7.52
Clinic Services - Facility		437.4	Services	\$ 37.10	\$	1.35
Dialysis Services - Facility		132.9	Services	\$ 313.45	\$	3.47
Therapies - Facility		3,568.9	Services	\$ 46.24	\$	13.75
Cardiovascular - Facility		273.8	Services	\$ 83.70	\$	1.91
Pathology		7,827.5	Services	\$ 10.89	\$	7.10
Pharmacy		963.0	Services	\$ 64.21	\$	5.15
Skilled Nursing Services		6,668.3	Services	\$ 196.68	\$	109.29
Other Outpatient		587.5	Services	\$ 47.17	\$	2.31
<i>Subtotal</i>		23,061.0		\$ 86.55	\$	166.32
<b><i>Pharmacy</i></b>						
Mental Health Prescription Drugs		12,561.8	Scripts	\$ 140.09	\$	146.65
Other Prescription Drugs/OTC Drugs		48,380.1	Scripts	\$ 53.52	\$	215.78
<i>Subtotal</i>		60,941.8		\$ 71.37	\$	362.43
<b><i>Ancillaries</i></b>						
Transportation		58,233.4	Units	\$ 3.43	\$	16.64
NH		1,318.8	Services	\$ 2,464.73	\$	270.88
ICF/MR		5,954.2	Services	\$ 3,575.59	\$	1,774.14
Mental Health Rehab		55,081.9	Services	\$ 9.09	\$	41.73
Mental Health Services		7,905.1	Services	\$ 34.55	\$	22.76
Dental		3,999.9	Services	\$ 48.84	\$	16.28
Waiver Services		2,328,852.3	Services	\$ 11.91	\$	2,311.94
DME		2,824.1	Services	\$ 125.14	\$	29.45
Prosthetics/Orthotics		509.6	Services	\$ 134.76	\$	5.72
Home Health Care		4,820.6	Services	\$ 73.59	\$	29.56
Medical Supplies		523,288.4	Services	\$ 1.24	\$	54.13
Hospice		269.9	Services	\$ 195.98	\$	4.41
Other Ancillary		3,334.9	Services	\$ 9.07	\$	2.52
<i>Subtotal</i>		2,996,393.2		\$ 18.34	\$	4,580.18
<b><i>Physician</i></b>						
Inpatient and Outpatient Surgery		1,128.2	Procedures	\$ 89.41	\$	8.41
Inpatient and Outpatient Anesthesia		9.0	Procedures	\$ 34.44	\$	0.03
Office Visits/Consults		4,997.7	Visits	\$ 30.78	\$	12.82
Well Baby Exams/Physical Exams		387.5	Exams	\$ 31.49	\$	1.02
Hospital Inpatient Visits		2,792.5	Visits	\$ 34.72	\$	8.08
Emergency Room Visits		858.3	Visits	\$ 52.04	\$	3.72
Radiology/Pathology		9,056.8	Procedures	\$ 12.29	\$	9.27
Self Referral		2,692.2	Services	\$ 25.62	\$	5.75
Therapeutic Injections		14,672.1	Services	\$ 5.98	\$	7.32
Dialysis		15.4	Services	\$ 42.40	\$	0.05
Cardiovascular		515.8	Services	\$ 25.30	\$	1.09
Physical Medicine		2,738.5	Services	\$ 13.16	\$	3.00
Diagnostic Testing		1,513.4	Services	\$ 14.45	\$	1.82
Other Professional		6,837.0	Services	\$ 16.74	\$	9.54
<i>Subtotal</i>		33,542.3		\$ 25.73	\$	71.91
<b>SUM OF COVERED SERVICES</b>		-		\$ -	\$	5,310.47



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## **SERIOUS MENTAL ILLNESS**

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2005**  
**Population: Serious Mental Illness Non-Dual**  
**Region: Statewide**

**Member Months: 31,929**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>					
Medical/Surgical/Non-Delivery Maternity	596.5	3,819.1	Admits/Days	\$ 824.34	\$ 262.36
Well Newborn	-	-	Admits/Days	\$ -	\$ -
Maternity Delivery	2.6	9.8	Admits/Days	\$ 530.08	\$ 0.43
Behavioral Health	510.3	5,439.8	Admits/Days	\$ 392.38	\$ 177.87
Other Inpatient	-	-	Admits/Days	\$ -	\$ -
Subtotal	1,109.4	9,268.8		\$ 570.51	\$ 440.66
<b>Outpatient Hospital</b>					
Emergency Room		2,327.9	Services	\$ 69.10	\$ 13.41
Surgery		559.0	Services	\$ 296.57	\$ 13.82
Radiology		2,763.6	Services	\$ 79.76	\$ 18.37
Clinic Services - Facility		794.0	Services	\$ 38.07	\$ 2.52
Dialysis Services - Facility		851.1	Services	\$ 345.04	\$ 24.47
Therapies - Facility		3,239.2	Services	\$ 19.00	\$ 5.13
Cardiovascular - Facility		863.9	Services	\$ 59.71	\$ 4.30
Pathology		14,233.0	Services	\$ 11.36	\$ 13.47
Pharmacy		2,939.1	Services	\$ 69.48	\$ 17.02
Skilled Nursing Services		2,171.5	Services	\$ 93.76	\$ 16.97
Other Outpatient		1,494.4	Services	\$ 57.12	\$ 7.11
Subtotal		32,236.7		\$ 50.84	\$ 136.58
<b>Pharmacy</b>					
Mental Health Prescription Drugs		21,034.6	Scripts	\$ 135.73	\$ 237.91
Other Prescription Drugs/OTC Drugs		71,427.5	Scripts	\$ 81.39	\$ 484.47
Subtotal		92,462.1		\$ 93.75	\$ 722.39
<b>Ancillaries</b>					
Transportation		115,606.8	Units	\$ 4.28	\$ 41.27
NH		5,731.4	Services	\$ 1,942.57	\$ 927.80
ICF/MR		142.6	Services	\$ 1,429.88	\$ 16.99
Mental Health Rehab		390,943.0	Services	\$ 10.95	\$ 356.86
Mental Health Services		20,008.0	Services	\$ 31.58	\$ 52.66
Dental		3,298.0	Services	\$ 66.79	\$ 18.36
Waiver Services		202,360.4	Services	\$ 4.68	\$ 78.92
DME		1,322.8	Services	\$ 149.69	\$ 16.50
Prosthetics/Orthotics		519.5	Services	\$ 118.12	\$ 5.11
Home Health Care		4,164.4	Services	\$ 69.82	\$ 24.23
Medical Supplies		146,352.3	Services	\$ 1.54	\$ 18.77
Hospice		2,882.0	Services	\$ 192.34	\$ 46.19
Other Ancillary		840.3	Services	\$ 9.69	\$ 0.68
Subtotal		894,171.4		\$ 21.53	\$ 1,604.34
<b>Physician</b>					
Inpatient and Outpatient Surgery		2,191.0	Procedures	\$ 109.29	\$ 19.96
Inpatient and Outpatient Anesthesia		20.3	Procedures	\$ 50.01	\$ 0.08
Office Visits/Consults		7,463.3	Visits	\$ 39.90	\$ 24.82
Well Baby Exams/Physical Exams		135.5	Exams	\$ 30.32	\$ 0.34
Hospital Inpatient Visits		8,303.1	Visits	\$ 36.43	\$ 25.21
Emergency Room Visits		2,444.6	Visits	\$ 58.73	\$ 11.96
Radiology/Pathology		24,388.2	Procedures	\$ 11.62	\$ 23.62
Self Referral		4,270.3	Services	\$ 26.88	\$ 9.57
Therapeutic Injections		12,150.0	Services	\$ 10.67	\$ 10.80
Dialysis		174.4	Services	\$ 57.52	\$ 0.84
Cardiovascular		1,967.8	Services	\$ 25.22	\$ 4.13
Physical Medicine		3,986.4	Services	\$ 7.60	\$ 2.53
Diagnostic Testing		3,903.2	Services	\$ 11.36	\$ 3.70
Other Professional		7,131.3	Services	\$ 26.65	\$ 15.83
Subtotal		66,379.4		\$ 27.73	\$ 153.38
SUM OF COVERED SERVICES	-			\$ -	\$ 3,057.35

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2006**  
**Population: Serious Mental Illness Non-Dual**  
**Region: Statewide**

**Member Months: 32,727**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>					
Medical/Surgical/Non-Delivery Maternity	588.3	3,925.7	Admits/Days	\$ 1,058.36	\$ 346.23
Well Newborn	-	-	Admits/Days	\$ -	\$ -
Maternity Delivery	3.9	9.6	Admits/Days	\$ 813.61	\$ 0.65
Behavioral Health	431.2	4,338.6	Admits/Days	\$ 431.99	\$ 156.18
Other Inpatient	-	-	Admits/Days	\$ -	\$ -
Subtotal	1,023.3	8,273.9		\$ 729.62	\$ 503.07
<b>Outpatient Hospital</b>					
Emergency Room		2,348.2	Services	\$ 66.98	\$ 13.11
Surgery		675.8	Services	\$ 259.72	\$ 14.63
Radiology		2,782.2	Services	\$ 78.46	\$ 18.19
Clinic Services - Facility		1,443.8	Services	\$ 39.57	\$ 4.76
Dialysis Services - Facility		798.9	Services	\$ 270.79	\$ 18.03
Therapies - Facility		3,208.5	Services	\$ 24.66	\$ 6.59
Cardiovascular - Facility		820.1	Services	\$ 63.02	\$ 4.31
Pathology		14,766.8	Services	\$ 11.61	\$ 14.28
Pharmacy		3,309.2	Services	\$ 53.27	\$ 14.69
Skilled Nursing Services		2,620.7	Services	\$ 117.17	\$ 25.59
Other Outpatient		1,801.0	Services	\$ 59.69	\$ 8.96
Subtotal		34,575.0		\$ 49.68	\$ 143.13
<b>Pharmacy</b>					
Mental Health Prescription Drugs		18,361.3	Scripts	\$ 135.11	\$ 206.74
Other Prescription Drugs/OTC Drugs		65,197.9	Scripts	\$ 60.30	\$ 327.62
Subtotal		83,559.2		\$ 76.74	\$ 534.36
<b>Ancillaries</b>					
Transportation		118,338.7	Units	\$ 4.08	\$ 40.19
NH		5,486.7	Services	\$ 2,009.81	\$ 918.93
ICF/MR		79.2	Services	\$ 2,708.61	\$ 17.87
Mental Health Rehab		367,622.7	Services	\$ 11.72	\$ 358.99
Mental Health Services		27,134.7	Services	\$ 23.34	\$ 52.77
Dental		2,911.5	Services	\$ 65.87	\$ 15.98
Waiver Services		151,051.9	Services	\$ 5.22	\$ 65.65
DME		1,476.3	Services	\$ 182.10	\$ 22.40
Prosthetics/Orthotics		427.7	Services	\$ 131.88	\$ 4.70
Home Health Care		5,520.3	Services	\$ 77.40	\$ 35.61
Medical Supplies		146,686.9	Services	\$ 1.60	\$ 19.58
Hospice		2,263.5	Services	\$ 182.58	\$ 34.44
Other Ancillary		1,207.1	Services	\$ 7.82	\$ 0.79
Subtotal		830,207.2		\$ 22.95	\$ 1,587.90
<b>Physician</b>					
Inpatient and Outpatient Surgery		2,387.8	Procedures	\$ 104.21	\$ 20.74
Inpatient and Outpatient Anesthesia		27.3	Procedures	\$ 50.53	\$ 0.11
Office Visits/Consults		8,066.4	Visits	\$ 37.80	\$ 25.41
Well Baby Exams/Physical Exams		253.2	Exams	\$ 29.16	\$ 0.62
Hospital Inpatient Visits		8,587.9	Visits	\$ 36.20	\$ 25.90
Emergency Room Visits		2,355.9	Visits	\$ 59.48	\$ 11.68
Radiology/Pathology		26,249.2	Procedures	\$ 11.22	\$ 24.55
Self Referral		4,446.8	Services	\$ 26.44	\$ 9.80
Therapeutic Injections		20,855.0	Services	\$ 6.11	\$ 10.62
Dialysis		122.3	Services	\$ 41.22	\$ 0.42
Cardiovascular		1,918.9	Services	\$ 25.32	\$ 4.05
Physical Medicine		2,836.3	Services	\$ 8.45	\$ 2.00
Diagnostic Testing		3,864.8	Services	\$ 11.35	\$ 3.65
Other Professional		8,208.2	Services	\$ 19.92	\$ 13.63
Subtotal		69,325.0		\$ 26.52	\$ 153.18
SUM OF COVERED SERVICES		-		\$ -	\$ 2,921.65



**CONFIDENTIAL - FOR INTERNAL DISCUSSIONS ONLY**

## **OTHER WAIVER**

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2005**  
**Population: Other Waiver Non-Dual**  
**Region: Statewide**

**Member Months: 16,844**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit		Service Cost PMPM
<b><i>Inpatient Hospital</i></b>						
Medical/Surgical/Non-Delivery Maternity	202.2	1,262.5	Admits/Days	\$ 861.14	\$	90.60
Well Newborn	-	-	Admits/Days	\$ -	\$	-
Maternity Delivery	0.7	1.4	Admits/Days	\$ 862.17	\$	0.10
Behavioral Health	0.7	6.4	Admits/Days	\$ 253.28	\$	0.14
Other Inpatient	-	-	Admits/Days	\$ -	\$	-
<i>Subtotal</i>	203.7	1,270.3		\$ 858.07	\$	90.84
<b><i>Outpatient Hospital</i></b>						
Emergency Room		416.2	Services	\$ 73.78	\$	2.56
Surgery		370.6	Services	\$ 290.20	\$	8.96
Radiology		980.6	Services	\$ 72.36	\$	5.91
Clinic Services - Facility		253.0	Services	\$ 60.64	\$	1.28
Dialysis Services - Facility		490.2	Services	\$ 113.00	\$	4.62
Therapies - Facility		4,906.5	Services	\$ 53.79	\$	21.99
Cardiovascular - Facility		231.6	Services	\$ 78.72	\$	1.52
Pathology		6,060.3	Services	\$ 9.86	\$	4.98
Pharmacy		1,309.4	Services	\$ 112.02	\$	12.22
Skilled Nursing Services		31,996.9	Services	\$ 193.38	\$	515.64
Other Outpatient		556.6	Services	\$ 65.01	\$	3.02
<i>Subtotal</i>		47,571.9		\$ 146.98	\$	582.69
<b><i>Pharmacy</i></b>						
Mental Health Prescription Drugs		4,488.3	Scripts	\$ 47.18	\$	17.65
Other Prescription Drugs/OTC Drugs		36,819.1	Scripts	\$ 60.28	\$	184.95
<i>Subtotal</i>		41,307.4		\$ 58.85	\$	202.59
<b><i>Ancillaries</i></b>						
Transportation		88,389.4	Units	\$ 2.29	\$	16.86
NH		20.0	Services	\$ 748.32	\$	1.24
ICF/MR		-	Services	\$ -	\$	-
Mental Health Rehab		8,848.7	Services	\$ 12.11	\$	8.93
Mental Health Services		2,480.7	Services	\$ 19.05	\$	3.94
Dental		2,060.3	Services	\$ 45.15	\$	7.75
Waiver Services		2,067,573.7	Services	\$ 4.86	\$	838.11
DME		6,088.9	Services	\$ 185.53	\$	94.14
Prosthetics/Orthotics		848.2	Services	\$ 135.17	\$	9.55
Home Health Care		29,126.3	Services	\$ 74.38	\$	180.53
Medical Supplies		1,047,566.7	Services	\$ 1.26	\$	110.27
Hospice		105.5	Services	\$ 112.16	\$	0.99
Other Ancillary		273.9	Services	\$ 11.38	\$	0.26
<i>Subtotal</i>		3,253,399.3		\$ 4.69	\$	1,272.62
<b><i>Physician</i></b>						
Inpatient and Outpatient Surgery		1,015.2	Procedures	\$ 93.98	\$	7.95
Inpatient and Outpatient Anesthesia		8.6	Procedures	\$ 41.89	\$	0.03
Office Visits/Consults		4,331.5	Visits	\$ 31.42	\$	11.34
Well Baby Exams/Physical Exams		194.8	Exams	\$ 29.07	\$	0.47
Hospital Inpatient Visits		1,590.9	Visits	\$ 39.92	\$	5.29
Emergency Room Visits		453.8	Visits	\$ 54.61	\$	2.07
Radiology/Pathology		3,908.2	Procedures	\$ 18.42	\$	6.00
Self Referral		2,077.0	Services	\$ 25.58	\$	4.43
Therapeutic Injections		22,978.2	Services	\$ 6.64	\$	12.71
Dialysis		73.0	Services	\$ 48.36	\$	0.29
Cardiovascular		510.9	Services	\$ 27.07	\$	1.15
Physical Medicine		23,153.8	Services	\$ 8.53	\$	16.45
Diagnostic Testing		896.9	Services	\$ 22.10	\$	1.65
Other Professional		6,478.3	Services	\$ 34.68	\$	18.72
<i>Subtotal</i>		67,671.0		\$ 15.70	\$	88.55
<b>SUM OF COVERED SERVICES</b>		-		\$ -	\$	2,237.29

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2006**  
**Population: Other Waiver Non-Dual**  
**Region: Statewide**

**Member Months: 17,404**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit		Service Cost PMPM
<b><i>Inpatient Hospital</i></b>						
Medical/Surgical/Non-Delivery Maternity	199.2	1,373.5	Admits/Days	\$ 1,076.93	\$	123.26
Well Newborn	-	-	Admits/Days	\$ -	\$	-
Maternity Delivery	0.7	2.1	Admits/Days	\$ 866.26	\$	0.15
Behavioral Health	-	-	Admits/Days	\$ -	\$	-
Other Inpatient	-	-	Admits/Days	\$ -	\$	-
<i>Subtotal</i>	199.9	1,375.6		\$ 1,076.61	\$	123.42
<b><i>Outpatient Hospital</i></b>						
Emergency Room		446.7	Services	\$ 72.84	\$	2.71
Surgery		371.0	Services	\$ 259.51	\$	8.02
Radiology		1,124.1	Services	\$ 65.05	\$	6.09
Clinic Services - Facility		275.8	Services	\$ 50.14	\$	1.15
Dialysis Services - Facility		573.9	Services	\$ 235.74	\$	11.27
Therapies - Facility		4,972.2	Services	\$ 49.32	\$	20.43
Cardiovascular - Facility		278.9	Services	\$ 90.45	\$	2.10
Pathology		5,822.4	Services	\$ 9.99	\$	4.85
Pharmacy		1,436.7	Services	\$ 83.72	\$	10.02
Skilled Nursing Services		35,073.3	Services	\$ 193.14	\$	564.52
Other Outpatient		595.7	Services	\$ 52.12	\$	2.59
<i>Subtotal</i>		50,970.6		\$ 149.21	\$	633.77
<b><i>Pharmacy</i></b>						
Mental Health Prescription Drugs		4,755.7	Scripts	\$ 45.57	\$	18.06
Other Prescription Drugs/OTC Drugs		35,646.8	Scripts	\$ 58.65	\$	174.22
<i>Subtotal</i>		40,402.4		\$ 57.11	\$	192.28
<b><i>Ancillaries</i></b>						
Transportation		84,467.5	Units	\$ 2.72	\$	19.17
NH		11.9	Services	\$ 955.39	\$	0.95
ICF/MR		0.7	Services	\$ 2,473.25	\$	0.14
Mental Health Rehab		5,565.9	Services	\$ 13.70	\$	6.36
Mental Health Services		2,766.8	Services	\$ 18.76	\$	4.33
Dental		2,065.7	Services	\$ 43.04	\$	7.41
Waiver Services		1,438,793.0	Services	\$ 6.22	\$	746.14
DME		6,648.7	Services	\$ 147.08	\$	81.49
Prosthetics/Orthotics		768.7	Services	\$ 171.93	\$	11.01
Home Health Care		32,652.8	Services	\$ 77.80	\$	211.71
Medical Supplies		1,084,402.8	Services	\$ 1.49	\$	134.75
Hospice		557.5	Services	\$ 120.05	\$	5.58
Other Ancillary		561.8	Services	\$ 6.36	\$	0.30
<i>Subtotal</i>		2,659,263.9		\$ 5.55	\$	1,229.34
<b><i>Physician</i></b>						
Inpatient and Outpatient Surgery		1,170.3	Procedures	\$ 84.12	\$	8.20
Inpatient and Outpatient Anesthesia		17.2	Procedures	\$ 37.85	\$	0.05
Office Visits/Consults		4,418.4	Visits	\$ 29.99	\$	11.04
Well Baby Exams/Physical Exams		149.0	Exams	\$ 30.07	\$	0.37
Hospital Inpatient Visits		1,980.3	Visits	\$ 44.94	\$	7.42
Emergency Room Visits		465.8	Visits	\$ 57.60	\$	2.24
Radiology/Pathology		4,176.1	Procedures	\$ 15.74	\$	5.48
Self Referral		2,047.8	Services	\$ 26.11	\$	4.46
Therapeutic Injections		34,823.4	Services	\$ 3.71	\$	10.77
Dialysis		23.6	Services	\$ 87.65	\$	0.17
Cardiovascular		546.0	Services	\$ 34.26	\$	1.56
Physical Medicine		27,467.8	Services	\$ 8.34	\$	19.08
Diagnostic Testing		933.6	Services	\$ 21.48	\$	1.67
Other Professional		5,600.1	Services	\$ 39.30	\$	18.34
<i>Subtotal</i>		83,819.4		\$ 13.01	\$	90.86
<b>SUM OF COVERED SERVICES</b>		-		\$ -	\$	2,269.66



**CONFIDENTIAL - FOR INTERNAL DISCUSSIONS ONLY**

## **SMI MEDSELECT**



**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2005**  
**Population: SMI MedSelect Non-Dual**  
**Region: Statewide**

**Member Months: 152,802**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit		Service Cost PMPM
<b><i>Inpatient Hospital</i></b>						
Medical/Surgical/Non-Delivery Maternity	415.1	2,270.1	Admits/Days	\$ 1,042.01	\$	197.12
Well Newborn	-	-	Admits/Days	\$ -	\$	-
Maternity Delivery	4.3	13.3	Admits/Days	\$ 750.66	\$	0.83
Behavioral Health	208.5	1,590.2	Admits/Days	\$ 513.40	\$	68.03
Other Inpatient	-	-	Admits/Days	\$ -	\$	-
<i>Subtotal</i>	628.0	3,873.5		\$ 824.00	\$	265.98
<b><i>Outpatient Hospital</i></b>						
Emergency Room		1,995.4	Services	\$ 71.04	\$	11.81
Surgery		783.3	Services	\$ 301.65	\$	19.69
Radiology		3,071.4	Services	\$ 89.09	\$	22.80
Clinic Services - Facility		986.0	Services	\$ 39.60	\$	3.25
Dialysis Services - Facility		299.6	Services	\$ 431.97	\$	10.78
Therapies - Facility		1,500.8	Services	\$ 35.39	\$	4.43
Cardiovascular - Facility		976.6	Services	\$ 64.63	\$	5.26
Pathology		14,292.8	Services	\$ 11.67	\$	13.90
Pharmacy		2,027.4	Services	\$ 49.07	\$	8.29
Skilled Nursing Services		906.8	Services	\$ 78.52	\$	5.93
Other Outpatient		1,526.3	Services	\$ 54.18	\$	6.89
<i>Subtotal</i>		28,366.5		\$ 47.82	\$	113.05
<b><i>Pharmacy</i></b>						
Mental Health Prescription Drugs		17,297.6	Scripts	\$ 130.55	\$	188.18
Other Prescription Drugs/OTC Drugs		50,173.2	Scripts	\$ 61.19	\$	255.84
<i>Subtotal</i>		67,470.8		\$ 78.97	\$	444.02
<b><i>Ancillaries</i></b>						
Transportation		93,628.5	Units	\$ 3.19	\$	24.90
NH		86.0	Services	\$ 1,733.92	\$	12.42
ICF/MR		22.3	Services	\$ 382.34	\$	0.71
Mental Health Rehab		277,846.9	Services	\$ 11.06	\$	256.18
Mental Health Services		16,290.4	Services	\$ 24.63	\$	33.43
Dental		3,106.8	Services	\$ 69.74	\$	18.06
Waiver Services		22.4	Services	\$ 63.42	\$	0.12
DME		1,604.8	Services	\$ 129.32	\$	17.29
Prosthetics/Orthotics		248.5	Services	\$ 133.39	\$	2.76
Home Health Care		1,369.6	Services	\$ 38.94	\$	4.44
Medical Supplies		112,500.9	Services	\$ 1.53	\$	14.31
Hospice		65.5	Services	\$ 134.64	\$	0.73
Other Ancillary		615.1	Services	\$ 20.74	\$	1.06
<i>Subtotal</i>		507,407.6		\$ 9.14	\$	386.43
<b><i>Physician</i></b>						
Inpatient and Outpatient Surgery		2,113.0	Procedures	\$ 144.31	\$	25.41
Inpatient and Outpatient Anesthesia		30.0	Procedures	\$ 57.66	\$	0.14
Office Visits/Consults		10,504.3	Visits	\$ 37.69	\$	32.99
Well Baby Exams/Physical Exams		125.8	Exams	\$ 30.74	\$	0.32
Hospital Inpatient Visits		3,387.0	Visits	\$ 47.27	\$	13.34
Emergency Room Visits		2,177.8	Visits	\$ 58.22	\$	10.57
Radiology/Pathology		12,508.9	Procedures	\$ 23.27	\$	24.26
Self Referral		4,723.3	Services	\$ 27.03	\$	10.64
Therapeutic Injections		15,773.9	Services	\$ 11.59	\$	15.23
Dialysis		80.1	Services	\$ 51.83	\$	0.35
Cardiovascular		2,015.2	Services	\$ 33.20	\$	5.58
Physical Medicine		3,590.9	Services	\$ 8.77	\$	2.62
Diagnostic Testing		2,677.6	Services	\$ 19.95	\$	4.45
Other Professional		6,794.5	Services	\$ 17.89	\$	10.13
<i>Subtotal</i>		50,728.1		\$ 36.91	\$	156.03
<b>SUM OF COVERED SERVICES</b>		-		\$ -	\$	1,365.51

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2006**  
**Population: SMI MedSelect Non-Dual**  
**Region: Statewide**

**Member Months: 146,270**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit		Service Cost PMPM
<b><i>Inpatient Hospital</i></b>						
Medical/Surgical/Non-Delivery Maternity	423.1	2,259.9	Admits/Days	\$ 1,073.53	\$	202.17
Well Newborn	-	-	Admits/Days	\$ -	\$	-
Maternity Delivery	5.4	21.9	Admits/Days	\$ 678.33	\$	1.24
Behavioral Health	186.1	1,353.6	Admits/Days	\$ 464.34	\$	52.38
Other Inpatient	-	-	Admits/Days	\$ -	\$	-
<i>Subtotal</i>	614.6	3,635.4		\$ 844.32	\$	255.79
<b><i>Outpatient Hospital</i></b>						
Emergency Room		2,111.2	Services	\$ 70.25	\$	12.36
Surgery		773.6	Services	\$ 303.53	\$	19.57
Radiology		3,184.3	Services	\$ 87.47	\$	23.21
Clinic Services - Facility		1,341.2	Services	\$ 39.00	\$	4.36
Dialysis Services - Facility		342.1	Services	\$ 395.26	\$	11.27
Therapies - Facility		1,479.8	Services	\$ 37.79	\$	4.66
Cardiovascular - Facility		991.4	Services	\$ 68.60	\$	5.67
Pathology		15,021.8	Services	\$ 11.79	\$	14.76
Pharmacy		2,671.5	Services	\$ 49.04	\$	10.92
Skilled Nursing Services		849.0	Services	\$ 61.63	\$	4.36
Other Outpatient		1,566.8	Services	\$ 54.94	\$	7.17
<i>Subtotal</i>		30,332.5		\$ 46.80	\$	118.30
<b><i>Pharmacy</i></b>						
Mental Health Prescription Drugs		16,853.6	Scripts	\$ 135.06	\$	189.68
Other Prescription Drugs/OTC Drugs		51,035.1	Scripts	\$ 60.59	\$	257.70
<i>Subtotal</i>		67,888.6		\$ 79.08	\$	447.38
<b><i>Ancillaries</i></b>						
Transportation		98,877.4	Units	\$ 3.31	\$	27.29
NH		73.6	Services	\$ 1,835.82	\$	11.25
ICF/MR		-	Services	\$ -	\$	-
Mental Health Rehab		268,589.2	Services	\$ 11.56	\$	258.77
Mental Health Services		19,071.5	Services	\$ 23.06	\$	36.66
Dental		3,042.0	Services	\$ 69.79	\$	17.69
Waiver Services		16.7	Services	\$ 4.15	\$	0.01
DME		1,605.7	Services	\$ 147.47	\$	19.73
Prosthetics/Orthotics		256.7	Services	\$ 152.07	\$	3.25
Home Health Care		1,382.3	Services	\$ 57.41	\$	6.61
Medical Supplies		133,096.5	Services	\$ 1.47	\$	16.33
Hospice		58.7	Services	\$ 126.60	\$	0.62
Other Ancillary		1,004.1	Services	\$ 13.06	\$	1.09
<i>Subtotal</i>		527,074.2		\$ 9.09	\$	399.31
<b><i>Physician</i></b>						
Inpatient and Outpatient Surgery		2,173.0	Procedures	\$ 137.83	\$	24.96
Inpatient and Outpatient Anesthesia		64.7	Procedures	\$ 44.77	\$	0.24
Office Visits/Consults		10,773.1	Visits	\$ 37.51	\$	33.68
Well Baby Exams/Physical Exams		233.9	Exams	\$ 29.00	\$	0.57
Hospital Inpatient Visits		3,591.2	Visits	\$ 47.01	\$	14.07
Emergency Room Visits		2,264.8	Visits	\$ 61.04	\$	11.52
Radiology/Pathology		13,169.3	Procedures	\$ 23.83	\$	26.15
Self Referral		4,538.7	Services	\$ 27.45	\$	10.38
Therapeutic Injections		20,365.0	Services	\$ 7.82	\$	13.28
Dialysis		71.6	Services	\$ 59.40	\$	0.35
Cardiovascular		2,053.4	Services	\$ 33.99	\$	5.82
Physical Medicine		1,288.1	Services	\$ 12.62	\$	1.35
Diagnostic Testing		2,593.1	Services	\$ 19.63	\$	4.24
Other Professional		6,771.1	Services	\$ 14.19	\$	8.01
<i>Subtotal</i>		49,586.0		\$ 37.42	\$	154.62
<b>SUM OF COVERED SERVICES</b>		-		\$ -	\$	1,375.40



**CONFIDENTIAL - FOR INTERNAL DISCUSSIONS ONLY**

## **NON-SMI MEDSELECT**

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2005**  
**Population: Non-SMI MedSelect Non-Dual**  
**Region: Statewide**

**Member Months: 222,444**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit		Service Cost PMPM
<b><i>Inpatient Hospital</i></b>						
Medical/Surgical/Non-Delivery Maternity	304.3	1,764.9	Admits/Days	\$ 1,086.03	\$	159.73
Well Newborn	-	-	Admits/Days	\$ -	\$	-
Maternity Delivery	2.8	8.2	Admits/Days	\$ 819.78	\$	0.56
Behavioral Health	16.4	137.0	Admits/Days	\$ 534.06	\$	6.10
Other Inpatient	-	-	Admits/Days	\$ -	\$	-
<i>Subtotal</i>	323.4	1,910.1		\$ 1,045.29	\$	166.39
<b><i>Outpatient Hospital</i></b>						
Emergency Room		1,016.4	Services	\$ 71.58	\$	6.06
Surgery		606.9	Services	\$ 323.35	\$	16.35
Radiology		2,318.2	Services	\$ 95.84	\$	18.52
Clinic Services - Facility		575.2	Services	\$ 41.33	\$	1.98
Dialysis Services - Facility		715.0	Services	\$ 270.34	\$	16.11
Therapies - Facility		1,713.4	Services	\$ 42.39	\$	6.05
Cardiovascular - Facility		628.3	Services	\$ 70.12	\$	3.67
Pathology		11,009.4	Services	\$ 11.06	\$	10.15
Pharmacy		1,963.6	Services	\$ 95.16	\$	15.57
Skilled Nursing Services		2,020.9	Services	\$ 159.80	\$	26.91
Other Outpatient		1,108.1	Services	\$ 60.34	\$	5.57
<i>Subtotal</i>		23,675.3		\$ 64.34	\$	126.94
<b><i>Pharmacy</i></b>						
Mental Health Prescription Drugs		4,979.7	Scripts	\$ 64.31	\$	26.69
Other Prescription Drugs/OTC Drugs		42,860.2	Scripts	\$ 77.46	\$	276.66
<i>Subtotal</i>		47,839.9		\$ 76.09	\$	303.35
<b><i>Ancillaries</i></b>						
Transportation		47,461.2	Units	\$ 3.20	\$	12.68
NH		43.1	Services	\$ 1,868.57	\$	6.72
ICF/MR		13.0	Services	\$ 1,888.87	\$	2.04
Mental Health Rehab		22,434.2	Services	\$ 10.36	\$	19.36
Mental Health Services		1,777.7	Services	\$ 28.27	\$	4.19
Dental		2,318.9	Services	\$ 69.46	\$	13.42
Waiver Services		2,606.5	Services	\$ 3.31	\$	0.72
DME		2,064.6	Services	\$ 145.58	\$	25.05
Prosthetics/Orthotics		358.6	Services	\$ 136.42	\$	4.08
Home Health Care		2,276.5	Services	\$ 52.12	\$	9.89
Medical Supplies		219,142.5	Services	\$ 1.47	\$	26.79
Hospice		93.8	Services	\$ 117.53	\$	0.92
Other Ancillary		992.8	Services	\$ 18.70	\$	1.55
<i>Subtotal</i>		301,584.2		\$ 5.07	\$	127.40
<b><i>Physician</i></b>						
Inpatient and Outpatient Surgery		1,659.0	Procedures	\$ 137.83	\$	19.05
Inpatient and Outpatient Anesthesia		29.4	Procedures	\$ 46.93	\$	0.11
Office Visits/Consults		8,190.0	Visits	\$ 36.55	\$	24.94
Well Baby Exams/Physical Exams		100.4	Exams	\$ 31.40	\$	0.26
Hospital Inpatient Visits		2,483.7	Visits	\$ 45.04	\$	9.32
Emergency Room Visits		1,108.4	Visits	\$ 58.93	\$	5.44
Radiology/Pathology		9,630.0	Procedures	\$ 23.44	\$	18.81
Self Referral		3,809.8	Services	\$ 29.57	\$	9.39
Therapeutic Injections		23,920.7	Services	\$ 12.10	\$	24.11
Dialysis		133.3	Services	\$ 68.81	\$	0.76
Cardiovascular		1,528.4	Services	\$ 40.16	\$	5.12
Physical Medicine		2,611.3	Services	\$ 14.32	\$	3.12
Diagnostic Testing		2,078.5	Services	\$ 18.75	\$	3.25
Other Professional		5,758.5	Services	\$ 24.78	\$	11.89
<i>Subtotal</i>		39,120.6		\$ 41.59	\$	135.59
<b>SUM OF COVERED SERVICES</b>		-		\$ -	\$	859.66

**State of Indiana**  
**Office of Medicaid Policy & Planning**  
**Historical Claim Cost Summary**  
**Incurred Period: SFY2006**  
**Population: Non-SMI MedSelect Non-Dual**  
**Region: Statewide**

**Member Months: 225,677**

Category of Service	Utilization Rate per 1,000		Unit Base	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>					
Medical/Surgical/Non-Delivery Maternity	311.2	1,802.0	Admits/Days	\$ 1,151.45	\$ 172.91
Well Newborn	-	-	Admits/Days	\$ -	\$ -
Maternity Delivery	2.7	7.9	Admits/Days	\$ 826.85	\$ 0.55
Behavioral Health	20.7	222.2	Admits/Days	\$ 406.56	\$ 7.53
Other Inpatient	-	-	Admits/Days	\$ -	\$ -
Subtotal	334.6	2,032.1		\$ 1,068.72	\$ 180.98
<b>Outpatient Hospital</b>					
Emergency Room		1,105.6	Services	\$ 70.15	\$ 6.46
Surgery		625.6	Services	\$ 321.11	\$ 16.74
Radiology		2,552.7	Services	\$ 99.86	\$ 21.24
Clinic Services - Facility		637.9	Services	\$ 38.99	\$ 2.07
Dialysis Services - Facility		582.4	Services	\$ 292.86	\$ 14.21
Therapies - Facility		1,720.4	Services	\$ 42.94	\$ 6.16
Cardiovascular - Facility		685.3	Services	\$ 73.44	\$ 4.19
Pathology		11,744.6	Services	\$ 11.15	\$ 10.91
Pharmacy		2,344.7	Services	\$ 90.40	\$ 17.66
Skilled Nursing Services		2,146.4	Services	\$ 168.56	\$ 30.15
Other Outpatient		1,165.6	Services	\$ 59.17	\$ 5.75
Subtotal		25,311.2		\$ 64.26	\$ 135.55
<b>Pharmacy</b>					
Mental Health Prescription Drugs		5,159.5	Scripts	\$ 70.29	\$ 30.22
Other Prescription Drugs/OTC Drugs		42,638.5	Scripts	\$ 76.74	\$ 272.67
Subtotal		47,798.0		\$ 76.04	\$ 302.90
<b>Ancillaries</b>					
Transportation		54,167.6	Units	\$ 3.23	\$ 14.58
NH		52.3	Services	\$ 1,650.48	\$ 7.20
ICF/MR		10.8	Services	\$ 1,930.19	\$ 1.74
Mental Health Rehab		31,909.1	Services	\$ 10.32	\$ 27.43
Mental Health Services		2,308.0	Services	\$ 35.76	\$ 6.88
Dental		2,213.4	Services	\$ 68.26	\$ 12.59
Waiver Services		163.9	Services	\$ 38.71	\$ 0.53
DME		1,943.4	Services	\$ 153.59	\$ 24.87
Prosthetics/Orthotics		362.2	Services	\$ 152.22	\$ 4.59
Home Health Care		2,451.5	Services	\$ 54.22	\$ 11.08
Medical Supplies		240,926.6	Services	\$ 1.56	\$ 31.30
Hospice		73.2	Services	\$ 116.39	\$ 0.71
Other Ancillary		1,411.8	Services	\$ 11.93	\$ 1.40
Subtotal		337,993.7		\$ 5.14	\$ 144.90
<b>Physician</b>					
Inpatient and Outpatient Surgery		1,761.0	Procedures	\$ 134.88	\$ 19.79
Inpatient and Outpatient Anesthesia		77.8	Procedures	\$ 28.58	\$ 0.19
Office Visits/Consults		8,634.3	Visits	\$ 36.93	\$ 26.57
Well Baby Exams/Physical Exams		180.3	Exams	\$ 29.04	\$ 0.44
Hospital Inpatient Visits		2,581.4	Visits	\$ 46.18	\$ 9.93
Emergency Room Visits		1,190.2	Visits	\$ 60.47	\$ 6.00
Radiology/Pathology		10,248.9	Procedures	\$ 24.43	\$ 20.87
Self Referral		3,696.1	Services	\$ 30.37	\$ 9.36
Therapeutic Injections		48,519.4	Services	\$ 8.38	\$ 33.87
Dialysis		71.3	Services	\$ 49.80	\$ 0.30
Cardiovascular		1,660.9	Services	\$ 38.56	\$ 5.34
Physical Medicine		2,274.3	Services	\$ 14.12	\$ 2.68
Diagnostic Testing		2,129.7	Services	\$ 20.26	\$ 3.60
Other Professional		6,449.7	Services	\$ 26.47	\$ 14.23
Subtotal		40,955.8		\$ 44.87	\$ 153.14
SUM OF COVERED SERVICES	-			\$ -	\$ 917.47